

10/52337

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1								51						
2								52						
3								53						
4								54						
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43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.		↓	2	↓		↓		TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	24	←		←		TOTAL DEP.		←		←		←
TOTAL CLAIMS			26					TOTAL CLAIMS						

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